

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>2005</i>	<i>1-2-05</i>
O.I.P.E. CLASSIFIER	<i>13</i>	<i>2005</i>	<i>1-2-05</i>
FORMALITY REVIEW	<i>YC</i>	<i>70017</i>	<i>3-2-05</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
1	✓	✓	1/10/05
2	✓	✓	1/10/05
3	✓	✓	1/10/05
4	✓	✓	1/10/05
5	✓	✓	1/10/05
6	✓	✓	1/10/05
7	✓	✓	1/10/05
8	✓	✓	1/10/05
9	✓	✓	1/10/05
10	✓	✓	1/10/05
11	✓	✓	1/10/05
12	✓	✓	1/10/05
13	✓	✓	1/10/05
14	✓	✓	1/10/05
15	✓	✓	1/10/05
16	✓	✓	1/10/05
17	✓	✓	1/10/05
18	✓	✓	1/10/05
19	✓	✓	1/10/05
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If more than 150 claims or 10 actions
staple additional sheet here